

2020 Conference Interpreting Team Application

Name: _____

Phone: (____) _____ - _____ Email: _____

Interpreting team members will be paid \$45/hour for sessions worked; assignments involving tactile interpreting will earn an extra \$10/hour. Meals and hotel rooms in proximity to interpreting assignments will be covered by MCDHH. Specific compensation details will be included with your scheduling information. All interpreting team members are expected to be comfortable with English-to-ASL *and* ASL-to-English interpreting.

Certification(s), *circle all that apply*:

*Attach your certification information if other than MO

MICS Master	BEI Master	NIC
MICS Advanced	BEI Advanced	NIC Advanced
NAD Level 4	RID CI/CT	NIC Master
NAD Level 5	RID CSC	CDI

Have you interpreted for the conference before? YES NO

Are you comfortable with tactile interpreting? YES NO

Are there circumstances that would prevent you from interpreting during certain timeframes of the conference (Thursday at 10:00 a.m. through Sunday at 11:00 a.m.)?

ARRIVING LATE LEAVING EARLY OTHER: _____

Submit applications no later than **September 1** to:
Missouri Commission for the Deaf and Hard of Hearing
3216 Emerald Lane, Suite B
Jefferson City, MO 65109
Email: conferenceinterpreters@mcdhh.mo.gov

FOR OFFICE USE ONLY _____
REC'D DATE | REC'D BY | ACCEPTED | EMAIL SENT | INITIALS | CONFIRMED | CONTRACT REC'D DATE | REC'D BY